



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

July 31, 2013

Mr. Thomas Stasny
Langan Engineering & Environmental Services
601 Technology Drive
Suite 200
Canonsburg, PA 15317

Re: Freedom of Information Act Request:
EPA-R3-2013-7168

Dear Mr. Stasny:

This is in response to your Freedom of Information Act request listed above, regarding
Lycoming County Landfill.

- / X / The Office Of Hazardous Site Clean-up Division is enclosing records in response to your request.
- / / The Resource Conservation and Recovery Program, the Toxics Programs Branch, and the
Pesticides/Asbestos Programs Branch found no records in response to your request.
- / / The Water Protection Division found no records in response to your request.
- / / The Office of Regional Counsel found no records in response to your request.

PLEASE NOTE: If any Program(s) listed above has been checked, a response from that Program(s) is
enclosed along with a billing invoice for the information provided if appropriate.

You may appeal this response to the National Freedom of Information Officer, U.S. EPA Records, FOIA and Privacy Branch, 1200 Pennsylvania Avenue, NW (2822T), Washington, DC 20460, Fax: (202) 566-2147, E-mail: hq.foia@epa.gov. Only items mailed through the United States Postal Service may be delivered to 1200 Pennsylvania Avenue, NW. If you are submitting your appeal via hand delivery, courier service or overnight delivery, you must address your correspondence to 1301 Constitution Avenue, N.W., Room 6416J, Washington, DC 20004. Your appeal must be made in writing and it must be submitted no later than 30 calendar days from the date of this letter. The Agency will not consider appeals received after the 30 calendar day limit. The appeal letter should include the EPA-R3 number listed above. For quickest possible handling, the appeal letter and its envelope should be marked "Freedom of Information Act Appeal."

If you have any questions, please contact me at 215-814-5553.

Sincerely,

Richard Van Holt
Freedom of Information Officer





Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

PA 51000001 400
ORIGINAL
(Red)

810609

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Mack Trucks, Inc., Manager of Facilities
Street P. O. Box 1771, South 12th Street
City Allentown State PA Zip Code 18105

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Lycoming County Landfill
Street Bte. 15
City Allenwood County State PA Zip Code 17810

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Polkowski, Anthony T., Sect. Mgr. Facilities
Phone 215-439-3837

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1979 To (Year) 1980

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- ☒ 1. Organics
- ☐ 2. Inorganics
- ☐ 3. Solvents
- ☐ 4. Pesticides
- ☒ 5. Heavy metals
- ☐ 6. Acids
- ☐ 7. Bases
- ☐ 8. PCBs
- ☐ 9. Mixed Municipal Waste
- ☐ 10. Unknown
- ☐ 11. Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

- ☐ 1. Mining
- ☐ 2. Construction
- ☐ 3. Textiles
- ☐ 4. Fertilizer
- ☐ 5. Paper/Printing
- ☐ 6. Leather Tanning
- ☐ 7. Iron/Steel Foundry
- ☐ 8. Chemical, General
- ☐ 9. Plating/Polishing
- ☐ 10. Military/Ammunition
- ☐ 11. Electrical Conductors
- ☐ 12. Transformers
- ☐ 13. Utility Companies
- ☐ 14. Sanitary/Refuse
- ☐ 15. Photofinish
- ☐ 16. Lab/Hospital
- ☐ 17. Unknown
- ☒ 18. Other (Specify)
from truck assembly
& related operations

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

RECEIVED
RCRA SECTION
EPA REGION 3
JUN 5 1981

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet Not known

gallons _____

Total Facility Area

square feet Not known

acres _____

ORIGINAL
(Red)

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

This is stated to the best of our knowledge

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

N

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name W. F. Chinery, Manager of Facilities

Street _____

City _____

State _____

Zip Code _____

Signature W. F. Chinery

Date 6/5/91

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☒ Other generator

ORIGINAL
(Red)

ENVIRONMENTAL PROTECTION AGENCY
NOTIS DATA MANAGEMENT SYSTEM
COMMENT MAINTENANCE FORM

CARD
CODE NIS IDENTIFICATION NO. 400
F 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
COMMENT From truck assembly & Related

CARD
CODE NIS IDENTIFICATION NO. 401
F 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
COMMENT Operations

CARD
CODE NIS IDENTIFICATION NO. 402
F 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
COMMENT

CARD
CODE NIS IDENTIFICATION NO. 403
F 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
COMMENT

CARD
CODE NIS IDENTIFICATION NO. 404
F 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
COMMENT

ORIGINAL
(Red)

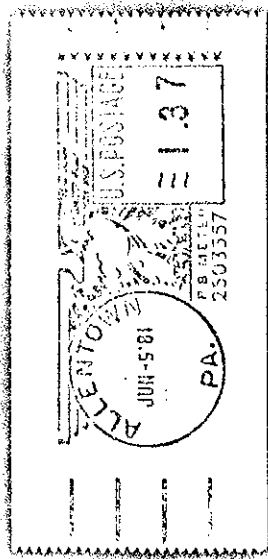
MACK TRUCKS, INC.
one of The Signal Companies



World Headquarters • Box M

Allentown, Pa. 18105

The Truck Capital of the World



UNITED STATES ENVIRONMENTAL
PROTECTION AGENCY
REGION 3
SITES NOTIFICATION
PHILADELPHIA, PA 19106

ORIGINAL
(Red)

(Red)

RECORD OF
COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONF
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

Anthony Polrowski

FROM:

Maureen Quilly

DATE:

11/25/8

TIME:

10:30

SUBJECT

St. Address

SUMMARY OF COMMUNICATION:

Route 15

CONCLUSIONS, ACTION TAKEN OR REQUIRED

Added to data Base

INFORMATION COPIES

RECORD OF COMMUNICATION		<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY)	
		(Record of item checked above)	
TO: Mack Trucks K. Blythe	FROM: L. S. Cobarr.	DATE: 7/21/81	TIME: 2:30 pm
SUBJECT			
SUMMARY OF COMMUNICATION			
<p>Mr. Blythe will call back</p> <p>Chrin Landfill</p> <p>Geological Reclamation Operations & Waste Systems, Inc Mack Trucks generates</p> <p>American Recovery - Did not, or does not transport hazardous waste - generated waste only picked up by American Recovery</p> <p>Lycoming County Landfill - generator's only</p> <p># called Mr. Blythe on 7/28/81 2pm 1:30pm NOT in. Secretary</p> <p>stated he will call back.</p> <p>Mr. Blythe etd. call & clarified that all facilities that check "other" box are correct & voluntary submissions since Mack Trucks only generated waste & did not transport it.</p>			
CONCLUSIONS, ACTION TAKEN OR REQUIRED			
INFORMATION COPIES			
TO:			



(Red)

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

7

810427

PAS-000-001-068

Name LYCOMING COUNTY COMMISSIONERS
Street 48 WEST THIRD ST.
City WILLIAMSPORT State PA Zip Code 17701

Name of Site LYCOMING COUNTY LANDFILL
Street ~~15~~ ROUTE 15
City ALLENWOOD County _____ State PA Zip Code 99999

Name (Last, First and Title) YOWELL, ROBERT C - DIRECTOR OF SOLID WASTE

Phone 717-337-2360

From (Year) 1978 To (Year) 1980
 From (Month) JUNE 1978 To (Month) NOVEMBER 1980

PAY 99 070 2417

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

[illegible]

RECEIVED
RCRA SECTION
EPA REGION VII

REF 2781 000001

Waste Quantity:

(Red) Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet 10,000 TONS OF
gallons 22222229 SLUDGES

Total Facility Area

square feet _____

acres 88 A

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

N

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name ROBERT C. YOWELL

Street 48 WEST THIRD ST

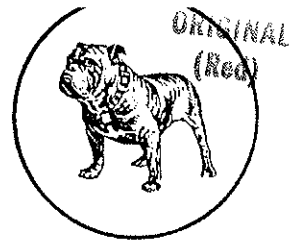
City WILLIAMSPORT State PA Zip Code 17701

Signature Robert C. Yowell Date 4/24/81

- ☒ Owner, Present
☐ Owner, Past
☐ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

RECEIVED
RCRA SECTION
EPA REGION III

JUN 30 1981



MACK TRUCKS, INC.
One of The Signal Companies 

June 9, 1981

United States Environmental
Protection Agency
Region 3
Sites Notification
Philadelphia, PA 19106

Dear Sir:

Enclosed please find the following Notifications of Hazardous
Waste Site (EPA Form 8900-1):

1. Mack Trucks, Inc. Assembly Plant
Allentown, Pennsylvania
2. Lycoming County Landfill
Allenwood, Pennsylvania
3. Geological Reclamation Operations & Waste Systems
Morrisville, Pennsylvania
(Two Reports)
4. Carlisle Street Dump
Allentown, Pennsylvania
5. Steve Heleva Landfill
Coplay, Pennsylvania
6. Harold Oswald Landfill
Mertztown, Pennsylvania
7. Valley Disposal, Division of Novak Landfill Corp.
Allentown, Pennsylvania
8. Castle Recycling Corp.
Nazareth, Pennsylvania
9. Mack Trucks, Inc. Fabrication Plant
Allentown, Pennsylvania
10. American Recovery, Inc.
Baltimore, Maryland

United States Environmental
Protection Agency
Page Two
June 9, 1981

11. Harrisburg Steam Generating Facility
Harrisburg, Pennsylvania
12. Brockway Motor Trucks
Cortland, New York
13. Chrin Landfill
Easton, Pennsylvania

Should you have any questions with regard to any of the above-referenced forms we have filed, please do not hesitate to contact me. Thank you for your cooperation in this matter.

Very truly yours,

MACK TRUCKS, INC.

Kenneth A. Blythe

Kenneth A. Blythe
Staff Attorney

KAB:lje

Enclosures

439-3116

ORIGINAL
(Red)

COMMONWEALTH OF PENNSYLVANIA

March 14, 1984

SUBJECT: Lycoming County Landfill
Permit No. 100963
EPA Case No. PA-761
Brady Township, Lycoming County

TO: ERRIS Files

THROUGH: Richard L. Bittle *LB*
Reg. Solid Waste Manager
and
Francis J. Bertovich *FB*
Reg. Solid Waste Operations Supervisor
Williamsport Regional Office

FROM: Larry S. Newcomer *LSN*
Solid Waste Specialist
Williamsport Regional Office

The above facility is a permitted sanitary landfill which is currently active. This site is not permitted to accept hazardous wastes.

Based on the above, it is recommended that no further action be taken in this case.

LSN:lm

RECEIVED
Division of Operations

MAR 19 1984

SOLID WASTE MANAGEMENT

FIELD TRIP SUMMARY REPORT

ORIGINAL
(Red)

This summary should be prepared in conjunction with the Preliminary Assessment Form, (EPA Form T2070-2), so that a proper site rating can be assigned.

Name of Site Lycoming City Landfill
EPA Case Number PA-761

- I. If site is active, has owner/operator notified EPA in accordance with Section 3010 of RCRA. Yes _____ No _____ **active municipal landfill*
If Yes: a) Note EPA I.D. No. PAD 990702417
b) Is the site a generator, storer, treater or disposer of hazardous waste? (CIRCLE ONE).
- II. If the answers submitted in Part VI (Hazard Description) of EPA Form T2070-2 or observations warrant a more thorough site investigation/sampling, please attach a sketch map showing those areas of concern. (i.e.: lagoons, leachate seeps, drum storage, monitoring wells, etc.).
- III. Please list site contacts and accompanying inspectors; include name, title and phone numbers. Duane Layton - Foreman, Wayne Alexander -
General Manager 717-327-2360
- IV. Site observations: (attach a topo map).
- A. Population within 1000 ft. of the site is (CHECK ONE)
① 0-10 people
2. 10-100 people
3. greater than 100 people
- B. List surrounding land use: (woodlot, agricultural, playground, industrial, et
North: Woodlot + Shale Pit
South: Woodlot + Agricultural
East: Woodlot
West: Agricultural + Allenwood Prison

FIELD TRIP SUMMARY REPORT

C. Water supply for area. (CHECK ONE)

1. Surface intakes (locate on attached map)
2. Municipal wells (locate on attached map)
3. Domestic wells: *See c.

- a. Approximate number within $\frac{1}{2}$ mile. _____
- b. Locate a minimum of 3 wells on attached map and list below:

Property owner _____

Address _____

Phone No. _____

Well records	YES	NO	YES	NO	YES	NO
Odor problems	YES	NO	YES	NO	YES	NO
Taste problems	YES	NO	YES	NO	YES	NO

- c. If odor or taste problems are reported please elaborate: *Allenwood
Landfill being a permitted site is required to submit
groundwater analyses on a quarterly basis (12 monitoring points)

- D. Are surface or subsurface, (leachate), drainage areas from site apparent?
YES _____ NO _____. If yes: Permitted Sanitary Landfill has leachate lagoons.

1. Were unusual odors or stains noted? YES _____ NO X
2. Was stressed vegetation noted? YES _____ NO X

- a. If yes please note area on map.

- E. Are streams or receiving waters adjacent to site? YES X NO _____
If yes, list observations: (i.e.-change in benthic community, change in plant density/diversity, change in color, siltation, etc.). No change

Small tributary to Black Run

- F. Site topography: (i.e.-plateau, strip mine ravines, etc.). Permitted,

Active, Sanitary Landfill

- G. Other observations: (i.e.-erosion, located in flood plain, etc.) Entire area receiving waste

lined with PVC liner (30 mil)

FIELD TRIP SUMMARY REPORT

V. Were photographs taken? YES _____ NO X
If yes: Who has custody of photos?

Name: _____

Agency: _____

Phone No.: _____

VI. Is a hydrogeological survey for this site attached? YES _____ NO X
If no, Section III D of EPA Form T2070-2 must be completed.

VII. Please attach pertinent copies of reports or data reviewed by inspector:
(i.e.-State monitoring data, consultant reports, etc.).

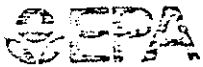
VIII. Name of Inspector: Larry Newcomer

Agency: Dept. of Envir. Res.

Phone No.: 717/327-3569

Time on Site: 3 hours

Weather Conditions: Clear, Cold



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION TLL SITE NUMBER (to be assigned by HQ) PA-761

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <u>Lycorning City Landfill</u>		B. STREET (or other identifier) <u>Rt 15</u>	
C. CITY <u>Allenwood</u>	D. STATE <u>Pa.</u>	E. ZIP CODE <u>17810</u>	F. COUNTY NAME <u>Lycorning</u>
G. OWNER/OPERATOR (if known) 1. NAME <u>Lycorning County Commissioners</u>		2. TELEPHONE NUMBER <u>327-2360</u>	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

ITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <u>ERRIS List</u>		K. DATE IDENTIFIED (mo., day, & yr.) <u>4/81</u>
L. PRINCIPAL STATE CONTACT 1. NAME <u>Francis J. Bertovich</u>		2. TELEPHONE NUMBER <u>717/327-3569</u>

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME <u>Larry Newcomer</u>	2. TELEPHONE NUMBER <u>717/327-3418</u>	3. DATE (mo., day, & yr.) <u>3/13/84</u>
---	--	---

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____	
C. AREA OF SITE (in acres) <u>Currently ~ 20 acres</u>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) <u>41° 09' 18"</u> 2. LONGITUDE (deg.-min.-sec.) <u>76° 55' 06"</u>
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <u>Weigh Station + Office, Garage</u>	

continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/>	1. RAIL	<input checked="" type="checkbox"/>	1. PILE	<input checked="" type="checkbox"/>	1. FILTRATION	<input checked="" type="checkbox"/>	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Sanitary Landfill - PVC liner

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☒ 10. OTHER (specify): *Municipal Waste + Industrial Sludges*

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Upon Request

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
<i>-70/day</i>	<i>Tons</i>							<i>~330/day</i>			
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.	
<input type="checkbox"/> (2) METALS SLUDGES		<input type="checkbox"/> (2) OTHER (specify):		<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (2) PICKLING LIQUORS		<input checked="" type="checkbox"/> (2) ASBESTOS		<input type="checkbox"/> (2) HOSPITAL	
<input type="checkbox"/> (3) POTW				<input type="checkbox"/> (3) OTHER (specify):		<input type="checkbox"/> (3) CAUSTICS		<input type="checkbox"/> (3) MILLING/ MINE TAILINGS		<input type="checkbox"/> (3) RADIOACTIVE	
<input type="checkbox"/> (4) ALUMINUM SLUDGE						<input type="checkbox"/> (4) PESTICIDES		<input type="checkbox"/> (4) FERROUS SMLTG. WASTES		<input type="checkbox"/> (4) MUNICIPAL	
<input type="checkbox"/> (5) OTHER (specify):						<input type="checkbox"/> (5) DYES/INKS		<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES		<input type="checkbox"/> (5) OTHER (specify):	
<i>Industrial sludges after Module 1 approval.</i>						<input checked="" type="checkbox"/> (6) CYANIDE		<input checked="" type="checkbox"/> (6) OTHER (specify):			
						<input type="checkbox"/> (7) PHENOLS		<i>Municipal Waste</i>			
						<input type="checkbox"/> (8) HALOGENS					
						<input type="checkbox"/> (9) PCB					
						<input type="checkbox"/> (10) METALS					
						<input type="checkbox"/> (11) OTHER (specify):					

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

No hazardous waste being disposed of here.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Site inspected on a routine basis (Monthly)

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

.. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): II 100963 Solid Waste Permit
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

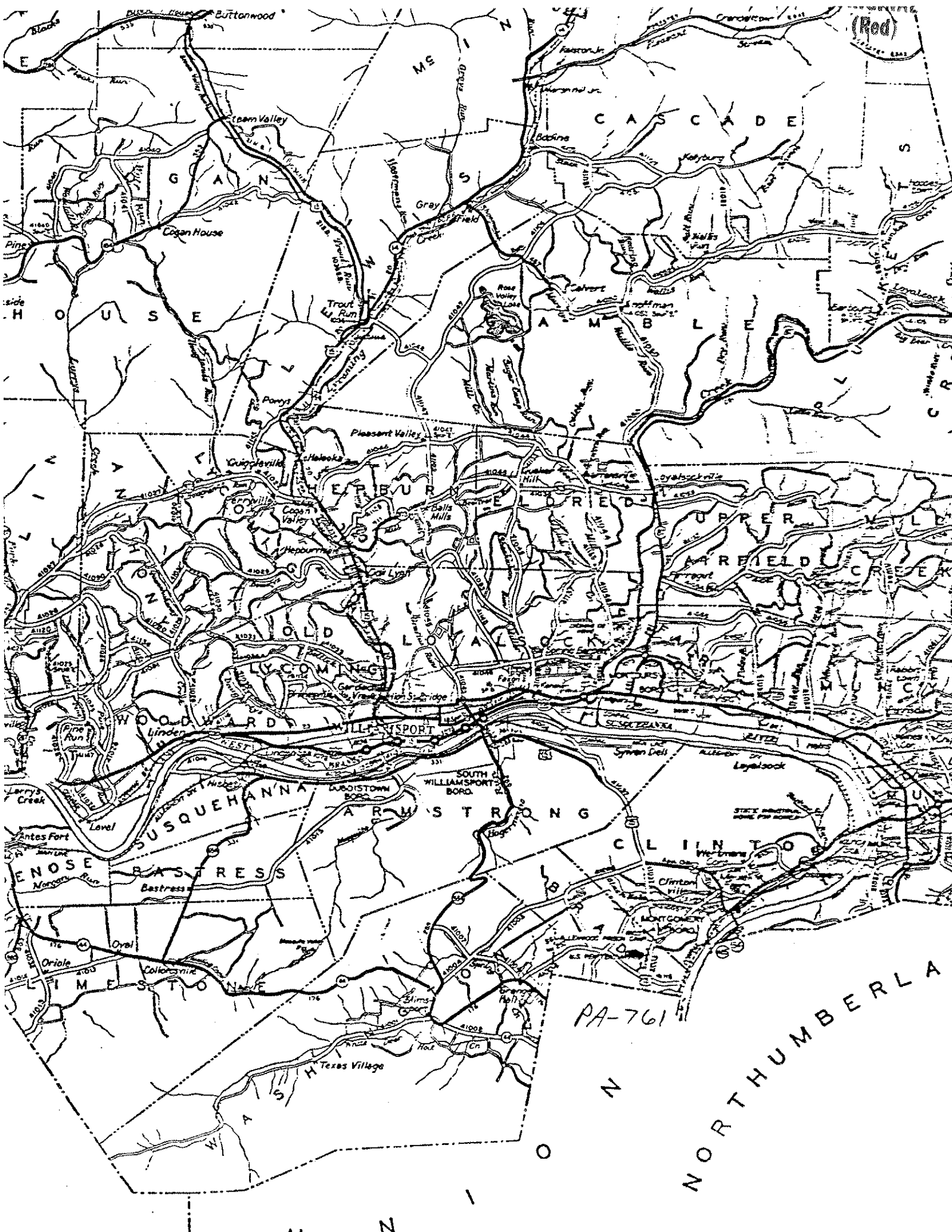
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection	2/15/84	State	Site is inspected on a routine
"	1/27/84	"	basis at least once / month
"	12/6/83	"	

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



PA-761

NORTHUMBERLAND

